

National Producer Agreement Application



In order to obtain / maintain an appointment with AmWINS Group, Inc. we require the following:

Completed National Producer Agreement Application

Completed and signed National Producer Agreement

Current W9

Current E&O Certificate of Insurance

- Carrier must maintain an A.M. Best rating of A- or better

- Minimum required limit is \$1 million

Current Employee Dishonesty Certificate of Insurance

- Carrier must maintain an A.M. Best rating of A- or better

- Minimum required limit is \$25,000

GENERAL INFORMATION

Legal Name

DBA Name (if different)

Physical Address

City

State

Zip

Mailing Address (if different)

City

State

Zip

Phone Number

of Producers

of Employees

Website

Year Established

BACKGROUND INFORMATION

Is Broker engaged in, owned by, associated, affiliated with, or controlled by other business interest(s):

Yes No

If yes, please explain:

Does your agency operate solely (100%) as a retailer:

Yes No

If no, please explain:

We are: A Single Location Multi-Location

**If multi location, please attach a location list.*

OPERATIONS

Contact	Name	Phone	Email Address:
Principal	_____	_____	_____
Marketing	_____	_____	_____
Accounting	_____	_____	_____
E&O	_____	_____	_____
Licensing	_____	_____	_____
IT	_____	_____	_____

If you have a single email address you would like us to send policy issuance to, please provide: _____

ACCOUNTING

Percent of business that is premium financed:
_____ %

Primary premium finance companies used:

Please provide bank account information below:

* If you have multiple locations, do you have centralized accounting? If not, please attach premium account information (see below), contact name and email address for each location.

Premium Account

Bank Name	Account Name
_____	_____
Account Number	Alternative Pay To Name
_____	_____
ACH Number (Routing #)	Wire Number (Routing #)
_____	_____

For Future consideration: Would you like to be able to pay premiums online? Yes No

PREMIUM VOLUME & DISTRIBUTION

Top 5 Insurance Companies:

Company	Premium Volume
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Top 5 MGAs / Wholesalers:

Company	Premium Volume
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Do you have a small account department? Yes No

If yes, Annual Premium \$ _____

Please indicate premium in the following classes during the past twelve months:

Class	Premium	Class	Premium
Commercial Property	\$ _____	Energy	\$ _____
Commercial GL	\$ _____	Group Benefits	\$ _____
Commercial Auto	\$ _____	Healthcare	\$ _____
Umbrella	\$ _____	Marine	\$ _____
Workers Comp	\$ _____	Pollution/Environmental	\$ _____
Professional Liability	\$ _____	Product Liability	\$ _____
Construction	\$ _____	Product Recall	\$ _____
Other _____	\$ _____		

DUE DILIGENCE

Has any principal or employee ever been charged with or convicted of a crime? Yes No

"Crime" indicates any felony or misdemeanor. Disclosure of minor traffic accidents need not be included.

"Convicted" includes entering a plea of guilty or nolo contendere (no contest), or receiving probation, a suspended license, or a fine.

If yes, please explain:

Has any license pertaining to any type of insurance related activity and held by the agency or employee ever been revoked, suspended, or withdrawn by action of any regulatory authority? Yes No

If yes, please explain:

The undersigned is an authorized representative that hereby declares that the information given above is true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signature _____

Title _____

Printed Name _____

Date _____

Electronic Commission Form
Required

Agency Legal Name _____

Mailing Address _____

City _____ State _____ Zip _____

Accounting Contact _____

Accounting E-Mail/Phone _____

I hereby authorize Seacoast Brokers LLC to initiate credit entries to this checking or savings account indicated below and the bank/financial institution named below to credit such entries to this account.

Name of Bank/Financial Institution _____

Address _____

City _____ State _____ Zip _____

Please attach voided check or deposit ticket from the account to be credited.

Transit/ABA Number of Bank/Financial Institution: _____

Account Number at Bank/Financial Institution: _____

Type of Account: _____ Checking _____ Savings

Signature _____

Date _____

This authorization will remain in effect until I advise Seacoast Brokers in writing to change my election.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.